

**First United Methodist Church Children's Ministry
Sunday School Student Registration Form**

Student Information:

Name: _____

Address: _____

Date of Birth: _____ Age: _____ Current School Grade: _____

Any Allergies? Yes/No (If yes, please list below.)

Does your child have any special needs we should be aware of?

Parent / Guardian(s) Information:

Name(s) _____

E-mail: _____

Home Phone _____ Cell _____

Do you have any gifts or talents you could share with our Sunday School?

Dismissal Information:

Please note that immediately following the 9:45 Service all children are required to be picked up from their respective classrooms. Please list below the names of any church members or friends authorized to pick up your child in your absence:

Name _____ Relationship _____

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